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Bib Data Sheet

CONFIRMATION NO. 2940

SERIAL NUMBER 10/516,426	FILING OR 371(c) DATE 06/28/2005 RULE	CLASS 514	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. ASZD-P01-711
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/SE03/00854 05/27/2003

**** FOREIGN APPLICATIONS *******

SWEDEN 0201662-4 05/31/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

28120

TITLE

Pharmaceutical combination

FILING FEE RECEIVED 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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